

CLAIMANT'S NAME			SSAN OR EMPLOYEE NUMBER*		DEPARTMENT	
ANTHONY P. SAUER					REHABILITATION	
POSITION		CB/ID NUMBER	DIVISION OR BUREAU			
813-001-9785-001		E99	DIRECTOR'S OFFICE			
			HEADQUARTERS ADDRESS		TELEPHONE NUMBER	
			721 CAPITOL MALL		(916) 558-5800	
CITY	STATE	ZIP CODE	STATE		ZIP CODE	
			SACRAMENTO		CA 95814	

[illegible]

CLAIM TOTAL	\$ 223.40
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(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)  Director's Office 001 - Provide DOR Update at the Joint CFILC & SILC Meeting.          	(12) NORMAL WORK HOURS
	(13) PRIVATE VEHICLE LICENSE NUMBER
	(14) MILEAGE RATE CLAIM <b>\$0.550</b>
	<b>AGENCY ACCOUNTING OFFICE USE ONLY</b>
	PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
> Original signed by Anthony Sauer	03/11/09	> Original signed by Luciana Profaca	03/12/09
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)			DATE
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